

REQUEST TO CANCEL DIRECT DEBIT/CREDIT

Date of Request: _____

I hereby request that the direct debit/credit agreement with Brushy Creek Municipal Utility District be terminated and as per the above "Terminations/Changes" am giving the required 30 days notice for such termination.

Name: _____ Utility Account Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: (H) _____ (W) _____

Customer Signature: _____ Date: _____

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